

Late Latent (> 1 year duration) or Unknown Duration Syphilis, or Verified Contacts to Late Latent or Unknown Duration Syphilis Treatment

Standing Order in N.C. Board of Nursing Format

INSTRUCTIONS FOR LOCAL HEALTH DEPARTMENT STAFF ONLY

Use the approved language in this standing order to create a customized standing order exclusively for your agency.

Print the customized standing order on agency letterhead. Review standing order at least annually and obtain medical director's signature.

Standing order must include the effective start date and the expiration date.

Assessment

Subjective and objective historical findings documented by a Licensed Medical Provider or Disease Intervention Specialist (DIS)

Clients are usually not aware they have syphilis at this stage. Most clients will present with a referral from MD or DIS for treatment and/or screening of latent syphilis under the following conditions:

1. history yields no current symptoms of syphilis
2. history yields no prior history of chancre, generalized rash, rash on palms and/or soles, alopecia, mucus patches, or condyloma lata in the past 12 months
3. no clear history of exposure in the past 12 months to someone with primary or secondary syphilis
4. long term sex partner(s) of Late Latent or Unknown Duration Syphilis who needs to be screened and treated based on clinical symptoms and/or serology results
5. current reactive STS with positive treponemal test whose last syphilis test was negative or four-fold lower than the current syphilis test
6. history yields no prior treatment for syphilis

Objective Findings

Documented positive lab results

NOTE: Late latent or unknown duration Syphilis contacts depend on the DIS investigation of who should be treated.

1. North Carolina State Lab of Public Health (NCSLPH) –

Reactive quantitative non-treponemal serology test for syphilis (STS)

PLUS

a confirmed qualitative treponemal test - (TrepSure EIA), or

2. Private Commercial Labs - (Tests named below are examples and not all inclusive of various commercial syphilis testing)

Reactive qualitative treponemal EIAs (TrepSure, TrepCheck or TrepID) test

PLUS

one of the following:

- a reactive quantitative non-treponemal test (RPR, TRUST, VDRL)

OR

- a reactive second treponemal test that uses a different antigen platform
 - ❖ syphilis-G enzyme immunoassay (CAPITIA),
 - ❖ treponema pallidum particle agglutination assay (TP-PA),
 - ❖ microhemagglutination assay for Treponema pallidum (MHA-TP),
 - ❖ fluorescent treponemal antibody absorbed (FTA-ABS)

Plan of Care

Implementation

A registered nurse employed or contracted by local health department may administer or dispense treatment for late latent or unknown duration syphilis by standing order, if the client is referred by a DIS or license medical provider AND one (1) objective lab finding of number 1-3 above have been documented in the medical record.

1. administer Benzathine penicillin G, 2.4 mu (2.4 mu as a single injection or a split injection of 1.2 mu delivered in each buttock) one week apart for three consecutive weeks for a total of 7.2 million units IM.
 - If a dose is 10-14 days late and the patient is not pregnant, begin the series again.
2. if allergic to penicillin and **not pregnant**:

- administer Doxycycline 100 mg PO BID X 28 days (If possible, give one dose daily as directly observed therapy).
3. if **allergic** to penicillin and **pregnant**, or allergic to penicillin and doxycycline:
- consult with local health department medical director or medical provider while client is on-site and arrange referral for desensitization and treatment with penicillin.

Nursing Actions

Special Screening note:

The STD ERRN performing physical examination on late latent or unknown duration suspect/case should CLOSELY examine all accessible mucosal surfaces (i.e., oral cavity, perianal, perineum, vagina as well as underneath the foreskin on uncircumcised men) for any possible chancre or scars left from healing chancre. If found and verified by MD or medical provider, this finding will assist DIS in staging the client's disease and determining contact follow-up. ***If any suspicious area is found on examination, an MD or medical provider should assess and document their impression during the same clinical visit.***

- Review findings of the clinical evaluation with the client. Provide client-centered STD education, including verbal and written information concerning:
 - laboratory tests that (s)he received
 - instructions for obtaining laboratory test results
 - information about the diagnosis
 - inform the client of referral to (DIS) for sex partner notification in order to prevent further spread of the disease if client was not referred by DIS
 - correct condom use, as well as client-specific counseling and literature about personal risk reduction behavior
- Advise the client to:
 - abstain from sexual contact for at least 14 days or until treatment has been completed by client and partner(s)
 - use a back-up contraceptive while on antibiotic therapy and for 7 days after completion of medication for female clients who take oral contraceptives
 - learn about the relationship between STDs and HIV acquisition
 - request repeat HIV testing in the future if ongoing risk factors (i.e., persons with multiple partners should be tested every three (3) months, etc.)
- Inform the client about the medication administered or dispensed.
 - Bicillin L-A, or
 - Doxycycline
- Counsel the client regarding the prescribed medication:
 - counsel the client regarding the possibility of developing the Jarisch-Herxheimer reaction within 24 hours of any treatment for syphilis and if any reactions do occur, please contact their PMD or the STD Clinic . If a client reports a Jarisch-Herxheimer reaction to the STD clinic the clinic nurse should contact the DIS as this could help the DIS determine the stage of syphilis and if further partner notifications are indicated.
Jarisch-Herxheimer Reaction:
 - symptoms may include fever, malaise, headache, musculoskeletal pain, nausea, and tachycardia
 - encourage the client to drink extra fluids and take an oral analgesic if needed.
 - if pregnant, she should report any fever, contractions or decreased fetal movement to her prenatal clinic or physician. She should also advise her prenatal clinic or physician of her treatment for syphilis
 - persons treated with Doxycycline may also experience urticaria, photosensitivity, and increased pigmentation, in addition to Jarisch-Herxheimer reaction described in number 1 above. Doxycycline should never be given to pregnant or suspected pregnant clients

4. if female client is taking Doxycycline and not pregnant, she should avoid pregnancy during her current menstrual cycle while taking Doxycycline for 28 days

E. Additional Instructions

1. return to clinic for follow-up blood test as instructed (see follow-up requirements below)
2. if client experiences hearing loss, severe headache with stiff neck or vision changes to contact their private provider or the local emergency department as soon as possible

F. Criteria for Notifying the Medical Provider

1. Contact local health department medical director or medical provider if there is any question about whether to carry out any treatment or other provision of the standing order, including client reporting a drug allergy for the medication provided in the standing orders.
2. Consult with local health department medical director or medical provider if any of the following conditions are present:
 - lesion or scar of possible recently healed chancre
 - client is pregnant
 - client has HIV infection
 - client has signs or symptoms of neurosyphilis (headache, fever, photophobia or ocular changes, stiff neck, nausea, vomiting, difficulty seeing, difficulty hearing, double vision, difficulty walking, difficulty thinking, bizarre behavior, facial paralysis, tremors)
 - oral temperature $\geq 101^{\circ}\text{F}$
 - client is allergic to Penicillin and/or Doxycycline
 - client has a four-fold increase in the STS titer after treatment during any future STS screenings
 - an initially high titer fails to decrease 6 - 12 months after treatment
 - an initially high titer fails to have a four-fold decrease between 18 – 24 months after treatment
 - Syphilis patient is less than 14 years old

G. Follow-up requirements

1. refer to regional DIS for partner notification follow-up if unknown to DIS
2. DIS will enter NC EDSS reporting for syphilis cases
3. reevaluate with syphilis testing and symptom assessment at 6, 12 and 24 months.
4. if client is pregnant, re-evaluate with syphilis test and symptom assessment monthly until delivery
5. if client is HIV seropositive, re-evaluate with syphilis testing and symptom assessment at 3, 6, 9, 12 and 24 months after treatment

Approved by: _____ Date approved: _____
Local Health Department Medical Director

Reviewed by: _____ Date reviewed: _____
Director of Nursing/Nursing Supervisor

Effective Date: _____

Expiration Date: _____

Legal Authority: Nurse Practice Act, N.C. General Statutes 90-171.20(7)(f)&(8)(c)